PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. FEE TRANSMITTAL Complete if known JUN 1 6 2005 Application Number 09/664,893 For FY 2005 Filing Date 09/19/2000 Effective 12/05/2004. Fee pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). First Named Inventor Everson et al. Applicant spirms small entity status. See 37 CFR 1.27 **Examiner Name** P. Parthasarathy Art Unit 2136 TOTAL AMOUNT OF PAYMENT 600.00) Attorney Docket No. 1348(30604) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Acct. Name: Sprint Communication Company LP □ Deposit Account: Deposit Acct. Number: ______ 21-0765 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Credit any overpayments ☑ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except the filing fee to the under 37 CFR 1.16 and 1.17 above-identified deposit Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Extra Claims** Fee (\$) Fee Paid (\$) **Total Claims** 28 - 20 or HP = 50 400 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) 200 HP = highest number of total claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Extra Sheets** Fee Paid (\$) Total Sheets - 100 = / 50 = (round up to a whole number) OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other:

				···		
SUBMITTED BY				(0	(Complete (if applicable)	
Name (Print/Type)	Mark L. Mollon	Registration No. (Attorney/Agent)	31,123	Telephone (734) 542-0900		
Signature	mark In	slesn.		Date	June 14, 2005	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select Option 2.